

IN THE JUSTICE COURT

PRECINCT, MARICOPA COUNTY, STATE OF ARIZONA

Plaintiff	Defendant	PETITION FOR INJUNCTION AGAINST HARASSMENT <input type="checkbox"/> MODIFIED
Date of Birth	Address	
	City, State, Zip Code, Telephone	
		Case Number

NOTE: FEES MAY BE WAIVED OR DEFERRED IF YOU ARE UNABLE TO PAY

1. My relationship to the Defendant is: _____
2. Harassment involves a series of acts. The acts must have occurred within the past year unless the Defendant has been incarcerated or out of state. I have been harassed by the Defendant as follows (be as specific as possible, giving the date or approximate date for each action):

Date(s)	Describe what happened

3. Is there or has there been any court case or court order that involves similar conduct by you and/or the Defendant?

☐ No ☐ Yes. If known: date, name of court, facts of case:

4. If the Court does not grant your request today, without notice to the Defendant, what serious harm may occur:

5. I ask this Court to order the Defendant not to commit an act of harassment against me and/or persons named below and/or against my property AND make the following Order(s) (check which orders you want):

☐ Waive or defer any fees.

☐ Order the Defendant not to contact me: ☐ in person; ☐ by phone; ☐ in writing; ☐ _____

DESCRIPTION OF DEFENDANT

SEX	RACE	DATE OF BIRTH	HEIGHT	WEIGHT	EYES	HAIR

DO NOT FILL OUT ADDRESSES AND/OR PHONE NUMBERS BELOW IF YOU WANT THEM KEPT PRIVATE

The following persons should be included within the protection of this Order for the following reasons:

Name and Address if different than yours (do not include yourself)	Relationship to you	D.O.B.	Reason(s)
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			

- ☐ Keep my address private. (Do not check this box if the Defendant knows where you live).
- ☐ Order the Defendant not to come on or near (LEAVE NEXT LINE BLANK IF BOX ABOVE IS CHECKED):
- ☐ My residence at: _____
- ☐ My place of employment (Name and Address): _____
- Does the Defendant also work there? ☐ Yes ☐ No
- ☐ School (Name and Address): _____
- ☐ Other address: _____
- ☐ Other requests: _____

My Signature _____ Date _____

Attorney's Signature _____ Date _____

VERIFICATION

I swear or affirm that the contents of this Petition are true to the best of my knowledge.

Plaintiff or Third Party

SUBSCRIBED AND SWORN to before me on _____
Judicial Officer/Clerk/Notary Date